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**\*\* CONTINUING DATA \*\*\*\*\***  
 THIS APPLICATION IS A CIP OF 09/662,405 09/14/2000  
 WHICH CLAIMS BENEFIT OF 60/153,897 09/14/1999 *ph yls*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
*ph none*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 06/20/2001**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>	STATE OR COUNTRY CA	SHEETS DRAWING 6	TOTAL CLAIMS 41	INDEPENDENT CLAIMS 5
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**TITLE**  
 Processing diagnostic and identification data in an analog modem system

FILING FEE RECEIVED 1054	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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